



State of Rhode Island
Department of State - Business Services Division

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 CORPORATION
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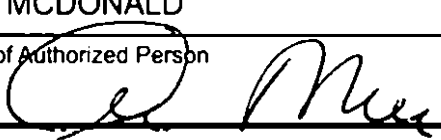
Annual Report for the year: 2021

Limited Liability Company

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number 000163865		2. Exact name of the Limited Liability Company TRAVEL PLUS LLC	
3. NAICS Code 541810		4. Brief description of the character of business conducted in Rhode Island TRAVEL AGENCY	
5. State of Formation RI			
6. Principal Office Address 15 SANDY BOTTOM ROAD, STE 104		City COVENTRY	State RI
		Zip 02816	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name DONNA MCDONALD		Contact Title OWNER	
Street Address 15 SANDY BOTTOM RD, STE 104		City COVENTRY	State RI
		Zip 02816	
8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.			
9. Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.			
Name of Authorized Person DONNA MCDONALD			Date 1/16/2025
Signature of Authorized Person 			

FILED

JAN 17 2025
BY E.G. CH
AA. 10:29 AM.

MAIL TO:

Division of Business Services

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